

# WAYNE STATE UNIVERSITY

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## COLLEGE OF EDUCATION

March 19, 2014

Representative Lisa Posthumus Lyons  
Chairperson  
House Committee on Education

**RE: HB 5196 (H-1)**

Good morning Chairwoman Lyons and members of the committee. Thank you for the opportunity to testify before you on this important legislation, House Bill 5196 (H-1). I am Dr. Suzanna Rocco Dillon and I am an Assistant Professor and the Program Coordinator of the Physical Education and Physical Activity Leadership Program at Wayne State University. I am also the Director of the Michigan Leadership and Education in Adapted Physical Education (MI-LEAPE) Project, an Office of Special Education Programs (OSEP) funded grant to train critically needed adapted physical educators in the state of Michigan, as well as the President-Elect of the National Consortium for Physical Education for Individuals with Disabilities (NCPEID). As such, I am here today to testify in strong support of HB 5196 (H-1) on behalf of our State's more than 88,000 children with disabilities and the physical educators and adapted physical educators who are providing their physical education instruction.

As you have heard from my colleagues, Michigan's children face a number of health-related issues due to their lack of physical inactivity and limited development of the knowledge, skills and behaviors needed to be physical active. Unfortunately for our State's children with disabilities, these problems are magnified.

Children with physical disabilities are 4.5 times likely to be physical inactivity than their peers without disabilities, and they were twice as likely to report watching television for more than four hours per day (Centers for Disease Control (CDC), 2007). Children with physical and developmental disabilities are significantly more likely to be obese or overweight compared to their non-disabled peers (Rimmer & Roland, 2008). In fact, the

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CDC just reported a study documenting high rates of obesity for adolescents with developmental delays (20%), intellectual disabilities (19.8% ), Attention Deficit Hyperactivity Disorder (17.6%), and Autism Spectrum Disorder (31.8%) when compared to adolescents without disabilities (13.1%) (Phillips, Schieve, Visser, Boulet, Sharma, Kogan, Boyle & Yeargin-Allisopp, 2014).

Fortunately, many activity and health disparities reported for children, and subsequently adults, with disabilities are not a result of their disability, but rather a result of the challenges in accessing quality education as well as community services and programs. To overcome these challenges and reduce disparities in health and physical activity, the US Department of Health and Human Services, the CDC, the Institute of Medicine (IOM) and the American Academy of Pediatrics have called on public schools to provide access to and regular participation in quality physical education programming as well as opportunities to participate in structured physical activity. In fact, they believe the benefits of physical education are so great that they have called for daily participation of *all* students in physical education, K-12. HB 5196 (H-1) would address this call to action as well as significantly expand the quantity of quality physical education being offered to Michigan's children in grades K-8.

As HB 5196 (H-1) standardizes the minimum requirements for K-8 physical education, huge disparities in the amount of physical education being offered in districts across the state and to our children with disabilities would be eliminated. As you may be aware, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires that children with disabilities be provided with "specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including— (i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (ii) Instruction in physical education" (34 CFR §300.39). IDEA also states that "physical education services, specially designed if necessary, must be made available to every child with a disability receiving Free and Appropriate Public Education (FAPE), unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades" (34 CFR §300.108). If specially designed physical education "is prescribed in a child's IEP," those services must be provided regardless of whether children without disabilities receive physical education (34 CFR §300.108). Establishing minimum requirements for K-8 physical education for all of our state's students, through H.B. 5196 (H-1), would make provision of special education services in physical education more efficient and effective; particularly if students move with their individualized education program (IEP) to another school or district.

In conclusion, the benefits of physical education and participation in physical activity are universal for all children, including those with disabilities. For children with disabilities, the benefits of regular participation in physical education and physical activity include a reversal of deconditioning secondary to impaired mobility, increased physical functioning, and improved overall well being. Furthermore, this regular and on-going participation is central to maintaining muscular strength, endurance, and flexibility, as well as joint structure and function. Maintaining levels of physical fitness and joint integrity are critical to slowing the functional decline frequently associated with disabling conditions (Durstine, Painter, Franklin, Morgan, Pitetti, & Roberts, 2000). These benefits to our state's children with disabilities, who eventually become our state's adults with disabilities, are immense. Individuals with disabilities who maintain levels of physical fitness are more likely to join and remain members of the state's workforce; more independent as citizens who may rely less on the state's programs for support; and less likely to suffer secondary health conditions resulting from their disability. Like my colleagues, I urge you to strongly consider the long-term impact that HB 5196 (H-1) can have on the health and well being of Michigan's residents as well as on our state's public assistance and health care system. Your support of HB 5196 (H-1) can put Michigan on a path to better health that will have implications for generations to come.

I thank you for your time this morning and for the opportunity to advocate on behalf of our children with disabilities. Should you have additional questions regarding my testimony, please do not hesitate to contact me.

Thank you.

A handwritten signature in black ink, appearing to read 'Suzanna Rocco Dillon', with a stylized, cursive script.

Suzanna Rocco Dillon, Ph.D., CAPE  
Assistant Professor

## References

- Centers for Disease Control and Prevention. (2007). *National Youth Risk Behavior Surveillance—United States, 2007*. Unpublished data.
- Durstine, J., Painter, P., Franklin, B., Morgan, D., Pitetti, K., & Roberts, S. (2000). Physical activity for the chronically ill and disabled. *Sports Medicine*, 30(3), 207-19.
- Phillips, K., Schieve, L., Visser, S., Boulet, S., Sharma, A., Kogan, M., Boyle, C., & Yeargin-Allisopp, M. (2014). Prevalence and impact of unhealthy weight in a national sample of US adolescents with Autism and other learning and behavioral disabilities. *Maternal Child Health Journal*. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/24553796>
- Rimmer, J.H., Rowland, J.A. (2008). Physical activity for youth with disabilities: A critical need in an underserved population. *Developmental Neurorehabilitation*, 11(2), 141–148.